

1 BEFORE THE ARIZONA MEDICAL BOARD

2 In the Matter of

3 **JONATHAN B. MURPHY, M.D.**

4 Holder of License No. 44962
5 For the Practice of Allopathic Medicine
6 In the State of Arizona

Case No. MD-13-1050A

**FINDINGS OF FACT, CONCLUSIONS
OF LAW AND ORDER FOR LETTER
OF REPRIMAND**

7 The Arizona Medical Board ("Board") considered this matter at its public meeting on
8 June 11, 2014. Jonathan B. Murphy, M.D. ("Respondent") appeared before the Board for a
9 formal interview pursuant to the authority vested in the Board by A.R.S. § 32-1451(H).
10 After due consideration of the facts and law applicable to this matter, at its meeting on
11 August 6, 2014, the Board voted to issue the following Findings of Fact, Conclusions of
12 Law and Order.

13 **FINDINGS OF FACT**

14 1. The Board is the duly constituted authority for the regulation and control of
15 the practice of allopathic medicine in the State of Arizona.

16 2. Respondent is the holder of license number 44962 for the practice of
17 allopathic medicine in the State of Arizona.

18 3. The Board initiated case number MD-13-1050A after receiving a complaint
19 regarding Respondent's care and treatment of a 62 year-old male patient ("GR"). The
20 complaint alleged that Respondent provided GR with inappropriate oncology care and
21 treatment and failed to explain the risks and benefits of non-evidence based
22 chemotherapy.

23 4. In 2013, GR presented with dysphagia. He sought care through allopathic
24 physicians and a gastroenterologist on an upper endoscopy documenting an obstructing
25 lower esophageal lesion that on biopsy was adenocarcinoma. Imaging studies showed

1 liver and lymph node metastases. It was recommended that GR see allopathic medical
2 and radiation oncologists.

3 5. On April 10, 2013, GR was evaluated by Respondent at An Oasis of Healing.
4 GR was treated with a combination of low dose chemotherapy potentiated with insulin,
5 colonics, strict dietary changes, lymphatic massages, and various other pressure
6 treatments. He also received a large number of supplements including infusions of several,
7 ozone treatment of blood, as well as large doses of testosterone. This treatment was
8 combined with the use of prescription palliative drugs including opiates, Zofran, lactulose,
9 flagyl, scopolamine, and Procrit.

10 6. Because of chronic GI bleeding from the primary site, GR was regularly
11 transfused. He then had a port-cath placed due to all of the IV therapies. Due to
12 esophageal obstruction, GR finally had a feeding tube placed. GR was seen multiple times
13 per week, and forty days into his treatment at An Oasis of Healing, GR had a number of
14 lab studies drawn. There was no objective evidence of any response to therapy and on a
15 follow up PET CT scan, there was marked disease progression. A physical exam was
16 documented by Respondent only twice, once at the initial visit and again on June 26,
17 2013. GR died on July 14, 2013.

18 7. The Medical Consultant ("MC") found that Respondent deviated from the
19 standard of care in his treatment of GR. Specifically, the MC stated that there was a delay
20 in getting nutritional support via bypassing the esophageal obstruction, and that
21 Respondent failed to deal with the obstruction either by endoscopic lumen enhancement
22 endoscopically or by the use of radiotherapy or chemoradiotherapy.

23 8. The MC additionally found that Respondent failed to consider standard
24 evidence based chemoradiotherapy or chemotherapy alone using doses found in clinical
25 trials to be beneficial in all but the very earliest stages of esophageal cancer. The MC

1 added that Respondent failed to have a multidisciplinary team of a medical oncologist,
2 surgeon, radiotherapist, and gastroenterologist to care for GR using multidisciplinary
3 expertise, and failed to recognize immediately that the anemia was related to blood loss
4 from the esophageal primary and to consider palliative radiotherapy or multimodality
5 therapy for the bleeding.

6 9. The MC commented that while transfusions are part of the therapy,
7 Respondent did not recognize immediately why GR was becoming so anemic. The MC
8 stated that the apparent excessive blood drawing may have contributed.

9 10. The standard of care for metastatic esophageal cancer requires a physician
10 to consider systemic chemotherapy, radiotherapy to the primary site to control obstruction
11 and bleeding, transfusion of RBCs as needed, palliative medications to control symptoms,
12 feeding tube placement for nutrition, and hospice care.

13 11. Respondent deviated from the standard of care by failing to timely obtain
14 nutritional support for GR, by failing to address the obstruction either by endoscopic lumen
15 enhancement endoscopically or by the use of radiotherapy or chemoradiotherapy, by
16 failing to consider standard evidence based chemoradiotherapy or chemotherapy alone,
17 by failing to have a multidisciplinary team of medical specialists to care for GR, and by
18 failing to recognize that the anemia was related to blood loss from the esophageal primary
19 and failing to consider palliative radiotherapy or multimodality therapy for the bleeding.

20 12. Standard allopathic therapies have a proven potential to control bleeding,
21 control esophageal obstruction, control symptoms and prolong survival.

22 **CONCLUSIONS OF LAW**

23 1. The Board possesses jurisdiction over the subject matter hereof and over
24 Respondent.

1 2. The conduct and circumstances described above constitute unprofessional
2 conduct pursuant to A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be
3 harmful or dangerous to the health of the patient or the public.").

4 **ORDER**

5 IT IS HEREBY ORDERED THAT Respondent is issued a Letter of Reprimand.

6 **RIGHT TO PETITION FOR REHEARING OR REVIEW**

7 Respondent is hereby notified that he has the right to petition for a rehearing or
8 review. The petition for rehearing or review must be filed with the Board's Executive
9 Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The
10 petition for rehearing or review must set forth legally sufficient reasons for granting a
11 rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after
12 date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed,
13 the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

14 Respondent is further notified that the filing of a motion for rehearing or review is
15 required to preserve any rights of appeal to the Superior Court.

16 DATED AND EFFECTIVE this 8th day of August, 2014.

17
18 ARIZONA MEDICAL BOARD

19 By C. Lloyd Vest, II
20 C. Lloyd Vest, II
21 Executive Director

22
23 EXECUTED COPY of the foregoing mailed
24 this 8th day of August, 2014 to:

25 Jonathan B. Murphy, M.D.
 Address of Record

1 ORIGINAL of the foregoing filed
2 this 8th day of August, 2014 with:

3 Arizona Medical Board
4 9545 E. Doubletree Ranch Road
5 Scottsdale, AZ 85258

6 Mary Baker
7 Arizona Medical Board Staff